



Reporting period:  
For one calendar year ending June 30, \_\_\_\_\_

# ANNUAL CAMP REPORT

## Sons of Confederate Veterans

Army of Northern Virginia

Army of Tennessee

Army of Trans-Mississippi

Camp: \_\_\_\_\_ No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Cmd. \_\_\_\_\_ Adj. \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Res. ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_ Phone Res. ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

- 1. Paid members on June 30 of prior year .....
- 2. New members .....
- 3. Members transferred from other camps .....
- 4. Members reinstated from prior years .....
- 5. TOTAL OF ITEMS 1 – 4 .....


- 6. Members who did not pay dues or resigned .....
- 7. Members transferred to other camps .....
- 8. Deaths .....
- 9. TOTAL OF ITEMS 6 – 8 .....


- 10. Paid members at end of year ITEM 5 MINUS ITEM 9 .....
- 11. Net change from June 30 of prior year ITEM 10 MINUS ITEM 1\* .....


\*Use minus sign if item 10 is less than item 1

Number of meetings this reporting period? \_\_\_\_\_ Number of special meetings this reporting period? \_\_\_\_\_

New officers take command in \_\_\_\_\_ Term of office  1- year  2-year

Regular meeting day and site \_\_\_\_\_

NUMBER OF LIVING "REAL SONS" \_\_\_\_\_

ACCOMPLISHMENTS \_\_\_\_\_

\_\_\_\_\_

PROBLEMS \_\_\_\_\_

\_\_\_\_\_

COMMENTS (USE ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

Report prepared by:

Distribution: 1- SCV HQ, 1- DIV. CMD., 1-DIV. ADJ. 1- CAMP FILE Name \_\_\_\_\_

Unassigned camps: : 1- SCV HQ, 1- ARMY CMD., 1- CAMP FILE Title \_\_\_\_\_ Date \_\_\_\_\_